NHS England London Region

Process for the validation of performers who undertake work at the competency level 2

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1. Introduction

Minor Oral Surgery (MOS) procedures that are not within the competency of General Dental Practitioners (GDP’s) are currently referred for treatment within Intermediate Minor Oral Surgery Centers (IMOS) or Specialist Secondary Care Centers.

Recent guidance to commissioners (reference 1) sets out a framework for Minor Oral Surgery within a Managed Clinical Network, ensuring that the complexity of the patient or procedure matches the skills and setting of the individual providing the treatment.

Cases deemed appropriate for a GDP to refer on the grounds of medical history or surgical complexity may be assessed by a referral management center (RMS) and allocated to the IMOS centers where possible, with the remaining patients referred onto secondary care centers for consultant led care.

The purpose of this document is to have in place a standard process for the validation of performers who undertake work at the competency level 2 as outlined in the commissioning guides. In doing so it brings together previous guidance form the Department of Health (reference 2), current Guidance for commissioning Oral surgery from NHS England and the principles underpinning Good Medical and Dental Practice (references 3 & 4).

The aim is to improve the patient experience and clinical care through a high quality accessible and cost efficient service whilst dissolving the artificial divide between primary dental care and hospital specialists. These objectives are in line with NHS England and The Five Year Forward View (reference 5).
2. Definitions

**Specialist in Oral Surgery (SOS)**
SOS are listed on the GDC specialist register for Oral Surgery, having completed a recognized training program in Oral Surgery or provided evidence of equivalence of training in the UK or abroad. SOS can provide a service for Level 2 and certain Level 1 or 3 patients.

**Intermediate Minor Oral Surgery Center (IMOS)**
A center, (usually a primary care dental practice) which is recognized by NHSNE as being suitable for treating certain Level 1 and level 2 MOS patients. The center meets standards for staffing, equipment, facilities and clinical expertise (see reference 6 – Appendix 3). The dentists providing treatment in IMOS centers’ may be Specialists in Oral Surgery performers who undertake work at the competency level 2. The IMOS would be part of a MCN with support and links to consultant led care within a secondary care center.

**Secondary Care Centers**
Usually large NHS Hospitals or Dental Hospitals with departments of Oral Surgery or Oral and Maxillofacial Surgery that provide a service for the highest complexity patients. Such centers have consultant level expertise and have facilities for inpatient care, general anesthesia and multidisciplinary care. The Secondary Care centers are important part of the MCN and provide emergency and out of hours care for the network. They are also involved in training and assessing Foundation dentists, core and high dental trainees, and specialists. Though specialising in treating Level 3 patients, they also require some Level 1 and 2 patients for undergraduate and postgraduate training purposes.

**Complexity and Procedure levels**
The Department of Health Advanced Care Pathway Working Group defined procedures and modifying patient factors that describe the complexity of a case. The levels of complexity do not describe contracts, or practitioners or settings. Levels 1, 2 and 3 care descriptors reflect the competence required of a clinician to deliver care of that level of complexity.

The level of complexity may change depending upon one or more of the following factors:
- Medical History
- Social History
- Patient anxiety
- Other patient-associated modifiers.

**Level 1** – Procedures/conditions to be performed or managed by a clinician commensurate with a level of competence as defined by the Curriculum for Dental Foundation Training or equivalent.

**Level 2** – This is defined as procedural and/or patient complexity requiring a clinician with enhanced skills and experience who may or may not be on a specialist register.
This care may require additional equipment or environment standards but can usually be provided in primary care. Level 2 complexities may be delivered as part of the continuing care of a patient or may require onward referral. Providers of Level 2 care on referral will need a formal link to a specialist to quality assure the outcome of pathway delivery.

**Level 3a** – Procedures/conditions to be performed or managed by a clinician recognised as a specialist at the GDC defined criteria and on a specialist list or by a consultant.

**Level 3b** – Procedures/conditions to be performed or managed by a clinician recognised as a consultant in the relevant specialty, who has received additional training which enables them to deliver more complex care, lead MDTs, MCNs and deliver specialist training. The consultant team may include trainees and SAS grades.

Level 1 and 2 procedures are usually performed in primary care settings. However, some Level 1, 2 and 3 procedures may be performed in a secondary care setting if modifying patient factors or local circumstances require this e.g. requirement for skill mix and/or multidisciplinary team and/or general anaesthetic.

**Patient Reported Measures**

Patient Reported Experience Measures (PREM’s) is a rolling programme of experience gathering which reports regularly to demonstrate experience trends and can be used to inform service development and improvement. This is usually completed through questionnaires.

Patient Reported Outcome Measures (PROM’s) are a quality of life measure, by measuring the quality of life before and after a treatment or intervention, then again a fixed amount of time after. This gives insight into the impact of a treatment or intervention to a patient’s life.

Both PROM’s & PREM’s are qualitative tools which are based on patient experience and feedback and encompass the key domains of access, communication, value for money and clinical care.

### 3. Accreditation & Validation of Existing IMOS Performers

There are currently a number of performers both specialist and non-specialist (by means of GDC listing) that are providing IMOS services within appointed centers.

The group has been convened develop a standard process for the validation of performers who undertake work at the competency level 2 as outlined in the commissioning guides [https://www.england.nhs.uk/commissioning/primary-care-comm/dental/dental-specialities/](https://www.england.nhs.uk/commissioning/primary-care-comm/dental/dental-specialities/)

These performer will be brought into the framework using a transitional process so that the standard and scope of their clinical work and personal development can be formally assessed and monitored. Those that are unable to demonstrate good
practice and quality improvement will be allowed a 6 month period to fulfill the accreditation criteria following which their accreditation may be withdrawn.

In some respects, it is easier for someone who is already performing the service to provide evidence of their work and some of the evidence requested from new entrants will not be required. The method of assessment of competency will also be different.

Some IMOS performers will also be working for other NHS organisations and robust evidence from these employers (such as annual appraisal, audits and 360 surveys) would be acceptable. Those that only work in one setting will require closer scrutiny to ensure that evidence provided is robust and unbiased. In all cases professional integrity and probity to the highest standards is an appropriate pre-requisite.

**Existing performers also working within other NHS hospital organisations**

a) CV stating all professional experience relevant to training and clinical practice, including two professional referees.

b) Copy of last appraisal and name of appraiser

c) Copy of quality improvement activity relevant to oral surgery undertaken within 12 months

d) Copy of all complaints, compliments and serious untoward events

e) Structured reference from a supervising consultant or specialist in oral surgery

f) Log book of procedures carried out over the last 12 months with provision of case notes and x-rays for 6 cases for assessment by accreditation panel on request

g) Evidence of mandatory training (e.g. Basic Life Support, Fire, Safeguarding, Equality and Diversity, Information Governance)

h) PROMS and PREMS data (see appendix)

**Existing performers working solely in primary care**

a) CV stating all professional experience relevant to training and clinical work

b) Copy of quality improvement activity relevant to oral surgery undertaken within 12 months

c) Copy of all complaints, compliments and serious untoward events

d) Structured reference from a more senior colleague within the same IMOS center or from other practice or organisation(s)

e) Logbook of procedures carried out over the last 12 months with provision of case notes and x-rays for 12 cases for assessment by accreditation panel on request
f) Evidence of mandatory training (e.g. BLS, Fire, safeguarding, Equality and Diversity, information governance)

g) PROMS and PREMS data (see appendix)

4. Accreditation & Validation of New performers who undertake work at the competency level 2

Entry on the Oral Surgery Specialist list by way of previous experience or grade is now closed. New entrants on the Oral surgery specialist lists will usually have followed an accredited training pathway for oral surgery. Accreditation of such individuals will be based on completion of training.

A larger group of non-specialists acquire extended skills in Oral surgery during foundation year training and further hospital experience and there is opportunity to obtain validation of this training during the placements. Although non-specialists if accredited they may perform certain level 1 and level 2 procedures as part of a managed clinical network with appropriate support. Accreditation of such individuals will be based on:

- Structured references from trainers
- Validated case histories and treatment records
- Directly observed procedure assessments
- Evidence of Continued Professional Development (CPD) specific to Oral Surgery
- Evidence of Audit and/or publication in the field of Oral Surgery
- Evidence of any academic diploma or masters courses in Oral surgery
- Teaching experience relevant to oral surgery
- Evidence supporting good dental practice – patient feedback, complaints handling, satisfaction surveys etc.

5. Re-Accreditation

Once all performers have been accredited they may be required to undergo annual re-accreditation based on an annual appraisal by the commissioner. The commissioner will define in advance any prospective audits or data collection required for the assessment period. The candidates will be expected to demonstrate:

- A log book of procedures together with annotation of complications
- Compliments, complaints and serious incidents
- Evidence of ongoing CPD relating to Oral Surgery
- Evidence of ongoing Quality improvement activity relating to Oral Surgery.
- PROMS and PREMS relating to Oral Surgery (see appendix)
- A 360 appraisal every two years
- An annual patient and staff satisfaction survey.
- Evidence of mandatory training (e.g. BLS, Fire, safeguarding, Equality and Diversity, information governance)

6. Framework and Competencies for IMOS Providers

Individual IMOS providers whether performers who undertake work at the competency level 2 or SOS should be able to undertake assessment and treatment for patients deemed to be of Level 1 and 2 complexities (see appendix 1). It is also important that they possess the insight and necessary clinical skills to identify patients who require Level 3 care and to be aware of how to access specialist help and the mechanisms for onward referral where appropriate.

It is also recognised that individuals will have differing levels of competency and progression should be encouraged to develop enhanced skills, specialist experience and services in the interests of furthering patient care and improving patient experience. IMOS providers will have completed training at undergraduate and postgraduate level and provide further evidence of enhanced skills by means of:

- Evidence of training posts in oral surgery or oral and maxillofacial surgery
- Testimonials and structured references from trainers and consultants
- Validated Case log books
- Evidence of CPD specific to Oral Surgery
- Evidence of Audit and/or publications in the field of Oral Surgery
- Evidence of any academic diploma or masters courses in Oral surgery
- Relevant teaching experience
- Evidence supporting good dental practice – patient feedback, complaints handling, satisfaction surveys

The following table sets out how the various domains will be assessed at initial accreditation and annual appraisal
<table>
<thead>
<tr>
<th>Clinical Skills</th>
<th>Initial Assessment Criteria</th>
<th>Ongoing Assessment</th>
</tr>
</thead>
</table>
| **Examination & diagnosis** | Ability to take detailed history, taking into account patient’s current complaint and their dental, medical history and medications. To be able to assess, in particular:  
- Allergies  
- Bleeding disorders and anticoagulant therapy  
- Bisphosphonate medications  
- Oral mucosal lesions in particular recognition of potential malignant or premalignant conditions  
- Systemic diseases (and their treatment) and the effects on oral health and delivery of treatment  
- Ability to recognize that diagnosis is out with the competence of DWES and refer appropriately  
  Assessment using detailed structured references from appropriate clinicians  
  Documentary evidence of CPD where available | Case note review  
Direct observation where necessary  
Documentary evidence of CPD where available  
PROM's / PREM's |
| **Treatment planning & management** | Ability to use available information to establish a diagnosis and formulate a treatment plan. Accurate judgement in relation when not to intervene and recognise when help is required  
Ability to communicate effectively to patient, in particular:  
- In clear unambiguous language they can understand  
- Discuss alternative treatment options  
- Discuss possible complications and sequelae of treatment  
- Obtain appropriate consent  
- Recognise when post operative follow up is warranted  
  Assessment using detailed structured references from appropriate clinicians  
  Documentary evidence of CPD where available | Case note review  
Direct observation where necessary  
Documentary evidence of CPD where available  
PROM's / PREM's |
<table>
<thead>
<tr>
<th>Clinical Skills</th>
<th>Domain</th>
<th>Initial Assessment Criteria</th>
<th>Ongoing Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anaesthesia, pain &amp; anxiety control</strong></td>
<td>Ability to demonstrate knowledge in the recognition, prevention and management of complications related to the use of local anaesthesia</td>
<td>Assessment using detailed structured references from appropriate clinicians</td>
<td>Case note review</td>
</tr>
<tr>
<td></td>
<td>Ability to select and prescribe appropriate drugs for pain relief</td>
<td>Documentary evidence of appropriate post graduate training in sedation</td>
<td>Documentary evidence of CPD where available</td>
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<tr>
<td></td>
<td>Knowledge of behavioural techniques for the relief of fear and anxiety</td>
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<tr>
<td><strong>Sedation (where appropriate)</strong></td>
<td>- ability to describe recognition, prevention and management of complications of sedation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>- ability to use sedation appropriately</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Medical and Dental Emergencies</strong></td>
<td>Ability to recognise, diagnose and institute effective management for all common dental and medical emergencies including those resulting from treatment complications</td>
<td>Assessment using detailed structured references from appropriate clinicians</td>
<td>Documentary evidence of BLS training</td>
</tr>
<tr>
<td><strong>Surgery – basic principles</strong></td>
<td>Demonstrate knowledge of basic surgical principles including:</td>
<td>Assessment using detailed structured references from appropriate clinicians</td>
<td>Case note review</td>
</tr>
<tr>
<td></td>
<td>- appropriate instruments, materials and equipment</td>
<td>Documentary evidence (logbook, audits etc.)</td>
<td>Documentary evidence CPD where available</td>
</tr>
<tr>
<td></td>
<td>- aseptic techniques</td>
<td></td>
<td>Logbook, audits etc.</td>
</tr>
<tr>
<td></td>
<td>- careful handling of tissues</td>
<td></td>
<td>PROM's / PREM's</td>
</tr>
<tr>
<td></td>
<td>- design and raising of mucoperiosteal flaps</td>
<td></td>
<td></td>
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<tr>
<td><strong>Surgery – specific procedures</strong></td>
<td>Ability to perform the following procedures:</td>
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<tr>
<td></td>
<td>- routine extractions of single &amp; multiple teeth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Skills</td>
<td>Domain</td>
<td>Initial Assessment Criteria</td>
<td>Ongoing Assessment</td>
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</tr>
<tr>
<td>- removal of residual, buried or fractured retained roots&lt;br&gt;- removal of impacted, ectopic and supernumary teeth&lt;br&gt;- exposure of teeth&lt;br&gt;- reimplantation of avulsed teeth&lt;br&gt;- minor soft tissue surgery for non suspicious lesions</td>
<td>Ability to recognise the appropriateness and need for surgical endodontics and where justified to be able to perform effectively</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgery – complications</td>
<td>Ability to recognise and treat intraoperative complications where appropriate and when to seek specialist help including the following complications:&lt;br&gt;- oroantral communications&lt;br&gt;- displaced roots into antrum or soft tissue spaces&lt;br&gt;- fractured maxillary tuberosity&lt;br&gt;- fractured mandible</td>
<td></td>
<td></td>
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<tr>
<td>Ability to recognise and treat post operative complications and when to seek specialist help including the following complications:&lt;br&gt;- haemorrhage&lt;br&gt;- dry socket&lt;br&gt;- nerve damage&lt;br&gt;- soft tissue infections&lt;br&gt;- trismus&lt;br&gt;- excessive pain</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication</td>
<td>Ability to communicate with patients, relatives and carers including:&lt;br&gt;- ability to listen to patients concerns</td>
<td>Assessment using detailed structured references from appropriate clinicians&lt;br&gt;Documentary evidence</td>
<td>Case note review&lt;br&gt;Direct observation where necessary</td>
</tr>
<tr>
<td>Clinical Skills</td>
<td>Domain</td>
<td>Initial Assessment Criteria</td>
<td>Ongoing Assessment</td>
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</tbody>
</table>
|                 | - treat all patients with dignity and respect  
- use language which patients can understand  
- provide written information where possible | - Complaints procedure  
- Written patient information | Documentary evidence  
- Complaints procedure  
- Written patient information  
- Logbook, audits  
- PROM's / PREM's |

Demonstrate processes in place for dealing with complaints

Demonstrate ability to communicate effectively with colleagues including:
- members of the immediate dental team  
- colleagues in primary and secondary care including written referrals

<table>
<thead>
<tr>
<th>Professionalism</th>
<th>Domain</th>
<th>Initial Assessment Criteria</th>
<th>Ongoing Assessment</th>
</tr>
</thead>
</table>

Demonstrate the key principles of GDC Standards for the Dental Team
- put patients interests first  
- communicate effectively with patients  
- obtain valid consent  
- maintain and protect patients information  
- have a clear and effective complaints procedure  
- work with colleagues in a way that is in the patients best interest  
- maintain, develop and work within your professional knowledge and skills  
- raise concerns if patients are a risk  
- make sure your personal behaviour maintains patients confidence in you and the dental team

Assessment using detailed structured references from appropriate clinicians

Documentary evidence
- Complaints procedure  
- Written patient information  
- CPD

Case note review
Direct observation where necessary

Documentary evidence
- Complaints procedure  
- Written patient information  
- Logbook, audits  
- PROM's / PREM's
7. References


6. Guidelines for the appointment of Dentists with Special Interests (DwSI’s) in Minor Oral Surgery – Department of Health / FGDP (UK) April 2006
Appendix 1

Draft Framework of Oral Surgery Complexity Levels & Procedures

N.B. This table will be updated when the revised Curriculum for Foundation Training is published.

A Department of Health Advanced Care Pathway Group developed and agreed initial levels of complexity for Oral Surgery procedures. These have been reviewed and enhanced as part of the development of this document.

Commissioners should look to the MCN for clinical advice and guidance with respect to appropriate delivery of procedures by clinicians.

Appropriate remedial action plans need to be in place to enable practitioners to develop skills so they are able to deliver appropriate levels of care.

<table>
<thead>
<tr>
<th>LEVEL 1 procedures/conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraction of erupted tooth/teeth including erupted uncomplicated third molars</td>
</tr>
<tr>
<td>• Effective management, including assessment for referral unerupted, impacted, ectopic and supernumerary teeth</td>
</tr>
<tr>
<td>• Extraction as appropriate of buried roots (whether fractured during extraction or retained root fragments),</td>
</tr>
<tr>
<td>• Understanding and assistance in the investigation, diagnosis and effective management of oral mucosal disease</td>
</tr>
<tr>
<td>• Early referral of patients (using 2-week pathway) with possible pre-malignant or malignant lesions</td>
</tr>
<tr>
<td>• Management of dental trauma including re-implantation of avulsed tooth/teeth</td>
</tr>
<tr>
<td>• Management of haemorrhage following tooth/teeth extraction</td>
</tr>
<tr>
<td>• Diagnosis and treatment of localised odontogenic infections and post-operative surgical complications with appropriate therapeutic agents</td>
</tr>
<tr>
<td>• Diagnosis and referral patients with major odontogenic infections with the appropriate degree of urgency.</td>
</tr>
<tr>
<td>• Recognition of disorders in patients with craniofacial pain including initial management of temporomandibular disorders and identification of those patients who require specialised management</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEVEL 2 procedures/conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Surgical removal of uncomplicated third molars involving bone removal</td>
</tr>
<tr>
<td>• Surgical removal of buried roots and fractured or residual root fragments</td>
</tr>
<tr>
<td>• Management and surgical removal of uncomplicated ectopic teeth (including supernumerary teeth)</td>
</tr>
<tr>
<td>• Management and surgical exposure of teeth to include bonding of orthodontic bracket or chain</td>
</tr>
<tr>
<td>• Surgical endodontics</td>
</tr>
</tbody>
</table>
- Minor soft tissue surgery to remove apparent non-suspicious lesions with appropriate histopathological assessment and diagnosis.

**LEVEL 3 procedure/conditions**

- Procedures involving soft/hard tissues where there is an increased risk of complications (such as nerve damage, displacement of fragments into the maxillary antrum and fracture of the mandible)
- Management and/or treatment of salivary gland disease
- Surgical removal of tooth/teeth/root(s) that may involve access into the maxillary antrum
- Management of temporomandibular disorders and craniofacial pain that have not responded to initial therapy
- Treatment of cysts
- Management of suspicious/non-suspicious oral lesions
- The placement of dental implants requiring complicated additional procedures such as bone grafting, sinus lifts etc.
- Treatment of complex dentoalveolar injuries
- Management of spreading infections and incision of abscesses (or abscess) requiring an extra-oral approach to drain

Depending on the complexity of the procedure, consultant-led care may be required to manage any of the above and, in addition, is required for the procedures listed below. These procedures will be delivered within a team (which may include specialist trainees, specialists and SAS grades) who have appropriate ability and facilities to provide high quality care for patients:

- Management of jaw and facial fractures
- Management of congenital and acquired jaw anomalies
- Advanced oral implantology and bone augmentation
- Diagnosis and treatment of anomalies and diseases of the TMJ
- Diagnosis and treatment of salivary gland diseases.
### Appendix 2

#### Oral Surgery PREM's

<table>
<thead>
<tr>
<th>Question</th>
<th>Patient response to be recorded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the clinical team (clinician) involve you in your treatment decision in terms that you understand?</td>
<td>Agree/disagree/not sure</td>
</tr>
<tr>
<td>Did you receive information about the risks/benefits in terms that you can understand before the operation?</td>
<td>Agree/disagree/not sure</td>
</tr>
<tr>
<td>Was your pain managed well during the procedure?</td>
<td>Agree/disagree/not sure</td>
</tr>
<tr>
<td>Was your anxiety managed well during the procedure?</td>
<td>Agree/disagree/not sure</td>
</tr>
<tr>
<td>Did you receive information, in a format that you could understand, about care after the operation and a contact number to call for help?</td>
<td>Agree/disagree/not sure</td>
</tr>
<tr>
<td>Were you given the opportunity to ask questions?</td>
<td>Agree/disagree/not sure</td>
</tr>
<tr>
<td>Did a member of staff tell you about medication side-effects to watch out for when you went home?</td>
<td>Agree/disagree/not sure</td>
</tr>
</tbody>
</table>
# Appendix 3

## Oral surgery core PROM’s

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you need to seek advice or assistance hours/ days after the procedure?</td>
<td>Yes/No/Unsure</td>
<td>List for data recorder (not shared with the patient unless clarification or prompts needed) Interested in:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Uncontrolled bleeding (%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Inadequate pain relief that needed further medication (e.g. dry socket? Typically 5% of cases) Infection that needed further treatment (%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Damage to other teeth/fillings (%)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nerve injury altered sensation (Typically 1% of cases) fifth or trigeminal TMD</td>
</tr>
<tr>
<td>Have you had to have additional surgery subsequent to this treatment?</td>
<td>Yes/No/Unsure</td>
<td>If yes, what is the problem? Fractures jaw Unintentional root retention Bone infection Nerve injury (1%) fifth or trigeminal</td>
</tr>
<tr>
<td>Time taken to achieve restoration of normal activities or appearance</td>
<td>Yes/No/Unsure</td>
<td>Days Weeks Months</td>
</tr>
</tbody>
</table>